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SECRETARY OF STATE
LALLAHASSEE, FLORIDA

DEC 0 6 2018
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

Widening Adult V NAME OF CORPORATION:	ital Experiences, Ir	ic.		
N02000008847 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			***
Please return all correspondence concerning this ma	tter to the followin	z :		
Cynthia Chapman				
	(Name of Conta	et Person)	
Widening Adult Vital Experiences, Inc.				
	(Firm/ Com	pany)	- ~-	
P. O. Box 20044				
	(Addres	s)		
Tallahassee, FL 32316				
	(City/ State and	Zip Code)	· · · · · · · · · · · · · · · · · · ·
chapcynthia@embarqmail.com				
E-mail address: (to be use	ed for future annua	report n	otification	1)
For further information concerning this matter, pleas	se call:			
William DeAngelis		850 _ at		894-2526
(Name of Contact Perso	on)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Flor	ida Depar	tment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		y.	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	Address nent Sect i of Corpo Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

: WIDENING ADULT VITAL EXPERIE	the Florida	Dept. of State)	
N0200008847			
(Document Number	er of Corporation (if know	vn)	
Pursuant to the provisions of section 617.1006. Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For I</i>	<i>rofit Corporation</i> adop	ts the following
A. If amending name, enter the new name of the corporation	on:		
			The new
iame must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporated" i	or the abbreviation "Co	orp." or "Inc."
B. Enter new principal office address, if applicable:	Cynthia Chapman		
(Principal office address MUST BE A STREET ADDRESS)	3201 Miccosukee Rd., -	IB	五流 番
	Tallahassee, FL 32308		200 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			29 ASSEE
			F1. 0
D. If amending the registered agent and/or registered offic		ter the name of the	
new registered agent and/or the new registered office ad	daress:		
Name of New Registered Agent:			
	(Florid	la street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Coo	le)
New Registered Agent's Signature, if changing Registered . hereby accept the appointment as registered agent—I am fan		2 obligations of the pos	ition.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO + Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DTR	William DeAngelis	2348 Foxboro Way
Add			Tallahassee, FL
X Remove			32309
2) Change	TTR	Elizabeth Piephoff	2348 Foxboro Way
Add			Tallahassee, FL
X Remove			32309
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

stach additional sheets, if necessary).	(Be specific)
	
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	date of each amendme		, if other than the
late	this document was sign	ed.	
iffe	ctive date <u>if applicable</u>	;	
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Adoption of Amendment(s)) (<u>CHECK ONE</u>)	
	The amendment(s) was was/were sufficient for	/were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
	Dated	ober 28, 2018	
	र्व जीर्बाए	he charmen of vice chairman of the poard, presidention other attract-if directors is placed a fee that is an incorporator — if in the lands of a fee that trushed it found appointed Educiary by the lands during the second	
		Villiam J. DeAngelis	
	_	(Typed or printed name of person signing)	
	ı	nterim Executive Director	
	_	(Title of person signing)	